

Minutes

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY 5 SEPTEMBER 2019, IN MEZZANINE ROOMS 1 & 2, COUNTY HALL, AYLESBURY, COMMENCING AT 10.15 AM AND CONCLUDING AT 12.25 PM.

MEMBERS PRESENT

Dr R Bajwa (Clinical Chair, Buckinghamshire CCG), Ms L Hazell (Buckinghamshire County Council), Mr N Macdonald (Chief Executive, Buckinghamshire Healthcare NHS Trust), Mr R Majilton (Deputy Chief Officer, Buckinghamshire CCG), Dr J O'Grady (Director of Public Health), Mr G Peart (Wycombe District Council), Dr S Roberts (Clinical Director for Mental Health, Buckinghamshire CCG), Ms L Walsh (Chiltern District Council) and Mr G Williams (Buckinghamshire County Council) (Chairman)

OTHERS PRESENT

Ms J Bowie (Buckinghamshire County Council), Ms T Jervis (Healthwatch Bucks), Ms K McDonald (Buckinghamshire County Council), Mr R Nash (Buckinghamshire County Council), Ms D Richards (Oxford Health NHS Foundation Trust) and Ms S Taylor (Committee Assistant, Buckinghamshire County Council)

1 WELCOME AND ANNOUNCEMENT OF THE NEW CHAIRMAN

Mr G Williams, Cabinet Member for Community Engagement and Public Health welcomed everyone to the meeting and hoped that members had received the correspondence explaining that Mr M Tett had asked him to take up the chairmanship of the Health and Wellbeing Board due to his increasing workload with the preparations for the new Buckinghamshire Council. Mr Williams stated that the terms of reference would be amended to reflect the change provided members of the Health and Wellbeing Board were in agreement. The members of the Board all agreed to Mr Williams being appointed as Chairman; Mr Williams expressed his appreciation and stated he would be honoured to take up the position of chair at a pivotal time of health and social care transformation and integration and he looked forward to working with Board members to improve the health and wellbeing of residents.

RESOLVED: It was AGREED that Mr Williams would be Chairman of the Health and Wellbeing Board.

2 APOLOGIES

Apologies were received from Mr T Vouyioukas, Executive Director, Children's Services; Mr W Whyte, Cabinet Member, Children's Services; Dr K West, Clinical Director for Integrated Care, Buckinghamshire CCG and Vice-Chairman; Dr J Sutton, Clinical Director for Children's Services, Buckinghamshire CCG; Ms G Quinton, Executive Director, Communities, Health and Adult Social Care; Ms J Baker, OBE, Chair, Healthwatch Bucks; Ms A Macpherson, Buckinghamshire County Council, Mr S Bell, Oxford Health NHS Foundation Trust and Ms L Patten, Chief Officer Oxfordshire CCG & Buckinghamshire CCG.

Ms J Bowie, Service Director, Integrated Commissioning, attended in place of Ms G Quinton.

Mr R Nash, Service Director, Children's Social Care, attended in place of Mr T Vouyioukas.

Ms T Jervis, Chief Executive Healthwatch Bucks, attended in place of Ms J Baker, OBE.

Ms D Richards, Managing Director, Oxford Health NHS Foundation Trust attended in place of Mr S Bell.

Cllr P Hogan had replaced Cllr N Naylor as the South Bucks District Council representative.

3 ANNOUNCEMENTS FROM THE CHAIRMAN

There were no announcements from the Chairman.

4 DECLARATIONS OF INTEREST

There were no declarations of interest.

5 MINUTES OF THE MEETING HELD ON 27 JUNE 2019

The minutes of the meeting held on 27 June 2019 were reviewed; Ms K McDonald, Health and Wellbeing Lead Officer, confirmed that the following actions had been completed:

Item 7, Health and Wellbeing Board update report on Buckinghamshire Integrated Care System (ICS):

- Ms McDonald to circulate the presentation slides from NHS England on the changes to the ICS.
- Ms J Hoare to provide feedback to Mr W Whyte on the 111 Direct Booking pilot at The Swan practice.

RESOLVED: The minutes of the meeting held on 27 June 2019 were AGREED as an accurate record and were signed by the Chairman.

6 PUBLIC QUESTIONS

There were no public questions.

7 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Dr J O'Grady, Director of Public Health, provided a presentation on the Director of Public Health Annual Report (DPHAR) 2019 entitled 'Alcohol and Us', appended to the minutes, and highlighted the following points:

- Two reports were available on the [Public Health web page](#); Dr O'Grady urged the members of the board to read the full report which contained key Bucks facts along with personal stories from residents, front line staff, doctors and consultants impacted by the use of alcohol.
- One in four people drank more than the limit recommended by the Chief Medical Officer.
- The guideline for safe drinking of alcohol was 14 units for women and 14 units for men per week.
- Most people in England were unable to correctly identify 14 units of alcohol.

- Alcohol contributed to a wide range of long term conditions such as cancer and heart disease; it also contributed to mental health conditions such as self-harm, suicide and dementia.
- Alcohol use affected people's families and the wider community; it contributed to domestic violence, child abuse and neglect, violent crime and road traffic accidents, loss of employment and homelessness.
- People who abused alcohol died much younger; the average age was 54.
- 1 in 4 people in receipt of treatment were living in a house with a child and the report contained a section on how alcohol impacted on children's wellbeing.
- Approximately 118,000 people in Buckinghamshire were drinking more than the safe limit which was significantly higher than the national average.
- 24% of people attending NHS health checks were identified as drinking too much and did not realise they were harming their health or recognised that they had a problem with alcohol.
- There were 9,000 alcohol related hospital admissions in Buckinghamshire last year.
- Dr O'Grady listed what was known to work at a national and local level and the benefits of alcohol treatment.
- It was known that identifying people early who were drinking too much and giving them brief advice on how to reduce their drinking was effective and could reduce the amount people drank by 12%.
- It was estimated that for every £1.00 spent treating alcohol users, £2.80 of benefits was realised across crime, the NHS, local authorities and to the individual. For users with more complex needs the return was £3.40 for every pound invested in the treatment.
- 85% of dependent drinkers were not in a structured treatment programme.
- There had been 399 new referrals to specialist services in 2018/19; 77% of the referrals were self-referrals or from family and friends. It was not known how many of those had had discussions with health or social care staff but the number of direct referrals from other partners was low.
- The Oxford Health NHS Foundation Trust and Buckinghamshire Healthcare NHS Trust had signed up to the NHS CQUIN which was a quality improvement initiative to screen those admitted to an inpatient ward for at least one night for alcohol use, given brief advice or offered specialist referral.
- Dr O'Grady read out the recommendations contained in the DPHAR and highlighted the next steps.

The following points were noted in discussion and in answer to members' questions:

- A member of the board commented that there was emerging evidence that eight units of alcohol a day damaged the brain and could lead to dementia. Alcohol use affected many areas and it was agreed that a decision should be made on whether the DPHAR should be circulated to the other statutory boards.
- ACTION: Dr O'Grady**
- In response to a comment on the sources of help and whether the information could be consolidated with Bucks Mind Directory and Live Well Stay Well; Dr O'Grady confirmed that the website would be refreshed under the new Buckinghamshire Council and there would be different ways the information could be accessed. The Chairman added that this would more than likely be discussed at the partner workshop on 17 October 2019.
 - L Hazell, Cabinet Member for Health and Wellbeing, welcomed the report and agreed it needed to be promoted as widely as possible and suggested the damage caused to unborn babies be highlighted prominently. Dr O'Grady explained that she expected the key messages on alcohol mis-use to feature in every prevention work stream and that it

was important to ensure that people were directed to the correct places and were followed up when identified. A holistic approach was required.

- A member of the board asked what the drinks industry was doing to promote safe drinking. Dr O'Grady agreed to contact Public Health England for the information.

ACTION: Dr O'Grady

- In response to a comment on how to approach those who did not recognise that they were drinking too much, Dr O'Grady agreed it would be a challenge for all frontline staff to be trained. She went on to say that the 'Making Every Contact Count' and IBA training worked. Dr O'Grady stressed that parents needed to be educated; 70% of children first obtained alcohol from their parents and there was evidence to show that if parents let their children start drinking early it caused alcohol related problems later on in life.
- The Substance Misuse Strategy Group would have a focussed task and finish group to refresh the Substance Misuse Strategy and Action Plan.
- A member of the board commented on the responsibility for employers to promote the key messages and provide information on how to access the services available. It was suggested that the BCC poster campaign be circulated to other organisations.

ACTION: Dr O'Grady

- A member of the board suggested a notice regarding safe drinking levels be provided on recycling bins as a reminder. Dr O'Grady agreed to pass this suggestion on to the alcohol lead and added that this was the type of idea the Substance Misuse Group wanted to capture at the partnership workshop on 17 October 2019.

ACTION: Dr O'Grady

RESOLVED: The Health and Wellbeing Board NOTED the Director of Public Health Annual Report and ENDORSED the recommendations set out in the report.

8 INTEGRATED CARE PARTNERSHIP UPDATE

NHS Long Term Plan Update

Mr R Majilton, Deputy Chief Officer, Buckinghamshire Clinical Commissioning Group, provided a presentation on the NHS Long Term Plan Update and highlighted the following points:

- The slides replicated what was in the long term plan produced by NHS England during the planning process at the beginning of the year.
- There were a number of work streams across the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) e.g. maternity, prevention.
- The BOB Strategy summary was now due on 9 September 2019, not 2 September 2019 as stated in the pack.
- The acronym 'DOG' stood for 'Delivery Oversight Group'.
- The final draft would be circulated to the Health and Wellbeing Board for comment before submission to NHSE/I on 1 November 2019.
- A Briefing session would be set up for HWB members before submission

ACTION: Ms McDonald

RESOLVED: The Health and Wellbeing Board NOTED the ICS Long Term Plan Timeline.

Summary of Multi-Morbidity Analyses

Dr J O'Grady, Director of Public Health, provided a presentation on the Summary of Multi-Morbidity Analyses for Buckinghamshire and highlighted the following:

- Work had been undertaken between Public Health and the NHS to help identify the most important areas to focus on to improve people's health and wellbeing. The aim was to produce bespoke profiles for the primary care networks to inform them about the needs of their population; the levels of deprivation and where emergency admissions were happening.
- The meaning of multi-morbidity was that a person had more than one long term condition (LTC).
- Half of patients in Buckinghamshire had a LTC, and 30% had two or more LTCs.
- 62.6% of non-GP costs were for multi-morbid patients but they only made up 29.2% of all patients.
- Many LTCs were caused by lifestyle factors and were preventable.
- An ageing population increased the chance of developing a LTC; a healthy lifestyle helped delay LTCs.
- Multi-morbidity was very common and occurred in predictable patterns in the population i.e. in more deprived areas.
- A significant proportion of the patients also had a mental health diagnosis.
- Prevention and holistic support was needed to support these patients to manage their varying conditions as GPs had identified that if LTCs were seen as a whole, care and wellbeing improved along with a reduction in GP time.

The following points were noted in discussion and in answer to members' questions:

- Dr O'Grady confirmed that the statistics for Buckinghamshire were consistent with the national picture.
- The Chairman commented that it would mean a major change in the way patients were treated and asked how it would work in practice and how the outcomes would be followed up. Dr O'Grady explained that Public Health had diagnosed the problem and work would be carried out with the primary care networks and clinical leads as well as the hospitals, Adult Social Care and the voluntary sector. No specific model would be proposed; it would be co-designed with the Integrated Care Partnership.
- A member of the board added that the vast majority of LTCs were treated in primary care; some practices were using the multi-morbidity model but there were challenges in skills and capability and the training of the workforce in multiple areas.
- Some GPs were in touch with 'Talking Heads' in Buckinghamshire to discuss what could be put in place by talking therapies to address concerns; good multi-agency plans were being drawn up.
- Ms T Jervis, Chief Executive, Healthwatch Bucks requested that the patient voice be fed into the new approaches.

RESOLVED: The Health and Wellbeing Board AGREED to support the following recommendations:

- 1. To improve and scale up prevention initiatives across the ICP to support people to improve their health and wellbeing.**
- 2. Initiatives that aim to reduce costs should be focused on multi-morbidity and not be restricted by age. Holistic support was needed to support these patients to manage their varying conditions.**

Primary Care Network (PCN) Development Update

Mr Majilton provided a presentation and highlighted the following points:

- All GP practices had formally joined together as PCNs as part of the plan for integrated working; each PCN covered a population of around 30,000-50,000.
- The early priorities were social prescribing and the recruiting of additional pharmacists.
- The principle of the vision of primary care networks was to provide a community of professionals for physical and mental health and the voluntary sector.

RESOLVED: The Health and Wellbeing Board NOTED the Primary Care Network update.

Winter Plan

Ms F Woodroffe, Director of Urgent and Emergency Care/ Winter Director and Dr D Sahota, Clinical Director of Emergency Care provided a presentation on the Winter Plan which would be going to the A & E Delivery Board for sign off. The following points were highlighted:

- Over 50 members of the Bucks ICP attended a winter wash up event in April 2019; feedback had produced a number of key messages.
- The priorities for winter 2019/20 were listed.
- The clinical areas of focus were paediatrics, frailty and mental health.
- Only those requiring acute medical attention should be in an emergency department; everyone should have access to same day emergency care in line with the national direction i.e. a planned care pathway where a patient would get their investigation diagnosis and treatment in one day and then go home to continue that pathway as an outpatient.
- An integrated approach to discharge was required.
- There would be a transparent approach to sharing winter monies.
- Work was being undertaken to increase the uptake of flu vaccination for staff.
- The falls and frailty vehicle would be available five days a week.

The following points were noted in discussion and in answer to members' questions:

- In response to a query on the level of flu vaccine available at the moment; Dr Sahota advised that the vaccine arrived in batches and that the over 65 year olds should be targeted first. Dr Bajwa agreed that the situation was slightly worse this year and emphasised that it was also important for staff and carers to be vaccinated early.
- Dr Sahota agreed to feedback Ms Jarvis' comment from Healthwatch Bucks that letters provided to parents should be easily understandable and readable and that there should be an alternative method of communication for those who were unable to access information via the internet.

ACTION: Dr Sahota

- Mr N Macdonald, Chief Executive, Bucks Healthcare Trust, reminded the board that performance had improved last winter. However, the hospitals were busy and some people had already been admitted with flu.
- Ms Woodroffe confirmed there was an agreed communications plan with a nominated lead for Buckinghamshire County Council and the ICP to disseminate the same message to all the areas.
- Ms D Richards, Managing Director, Oxford Health NHS Foundation Trust, highlighted that mental health had been part of the partnership approach to winter and a safe haven was opened last winter in Aylesbury in partnership with Mind; the patient satisfaction levels were very high and prevented some people attending A&E. A second safe haven would be opening in High Wycombe this winter.

RESOLVED: The Health and Wellbeing Board SUPPORTED the commitment to:

- **Ensure the safety of our patients**
- **Support our staff**
- **Work together across Health, Social care and the third sector to provide the best care in the right setting**
- **Engage our population**

The Better Care Fund (BCF)

Ms J Bowie, Service Director, Integrated Commissioning, provided a presentation and highlighted the following points:

- The BCF allocation for 2019/20 was almost £40m.
- The allocation was split into four elements.
- 2019-20 was a transition year and the BCF in 2020-21 would be subject to the outcome of 2019-20.
- Various schemes were funded through the BCF.
- The Improved Better Care Fund (iBCF) was split over two elements; maintaining a stable care market and protecting preventative services.
- The winter pressures grant had been incorporated into the BCF for 2019-20.
- The High Impact Change Model had been developed; local systems were challenged to see how they performed against national key areas to ensure the best use of funding.

The following points were noted in discussion and in answer to members' questions:

- A member of the board queried why only Wexham Park Hospital had the Discharge to Access model embedded and asked what was happening in the rest of Buckinghamshire. Ms Bowie reassured the Board that the Discharge to Assess model would be carried out all year, across the whole system and that it would not be a case of 'one size fits all' as Buckinghamshire was a large county.
- Mr Majilton stated that the BCF was a good example of integrated working and was supportive of the recommendations.
- L Hazell expressed concern over what would happen if the BCF was discontinued in the future and proposed that the Health and Wellbeing Board write to the Prime Minister and Secretary of State to ask for the BCF on a sustainable basis. The Board agreed that the Chairman should write and ask for clarity of funding over a longer period.

ACTION: Mr Williams

- In response to being asked if the reablement metrics and delayed transfer of care (DTC) statistics would improve next year; Ms Bowie stated it was difficult to provide assurance but they were looking to learn lessons nationally and locally regarding the best targeted interventions and they were sighted on where more work needed to be carried out.

RESOLVED: The Health and Wellbeing Board DELEGATED AUTHORITY for final approval of the 2019-20 plan including locally set metrics to lead officers for BCC Integrated Commissioning and Buckinghamshire CCG.

RESOLVED: The Health and Wellbeing Board NOTED the Better Care Fund budget and spend for 2019-20.

RESOLVED: The Health and Wellbeing Board APPROVED that the Integrated Commissioning Team would continue to service the requirements of the BCF nationally and locally including regular reporting via the Integrated Commissioning Executive Team on performance and quarterly updates to the Health and Wellbeing Board.

The Health and Wellbeing Board NOTED the performance of the Better Care Fund Performance April – June 2019.

9 SERIOUS MENTAL ILLNESS

Dr S Roberts, Clinical Director for Mental Health, Buckinghamshire Clinical Commissioning Groups (CCG) reminded the board that mental health had been a key priority for the board since the refresh of the Joint Health and Wellbeing Strategy in 2016. Whilst Buckinghamshire benchmarked very well nationally, those living with serious mental illness (SMI) were dying unnecessarily. Dr Roberts provided a presentation and highlighted the following points:

- For people to live well they must have both good physical and mental health.
- SMI e.g. schizophrenia, bi-polar disorder and psychotic illness were a long term condition.
- Life expectancy for people with a SMI was reduced by approximately 15-20 years due to mainly preventable physical illness.
- The goals of the Mental Health Five Year Forward View was to improve access to physical health checks and follow up interventions for people with SMI and to improve the quality of physical health checks and follow up interventions for people with SMI.
- Buckinghamshire CCG commissioned a primary care enhanced service in July 2018; at least 50% of adults on the SMI register should receive six key physical health assessments as part of their routine mental health review and provide the appropriate interventions.
- Secondary care should provide similar physical health assessments to approximately 10% of those on the GP SMI registers.
- The Live Well Stay Well service prioritised additional support for those with a SMI; it was a unique model.
- The presentation included a list of future ideas and Dr Roberts asked the members of the board to help by raising awareness on how important it was to look after physical health as well as mental health.

The following points were noted in discussion and in answer to members' questions:

- In response to a question on whether an assessment was carried out to consider if the combination of drugs that a patient with a SMI was prescribed could affect their mood; Dr Roberts stated that medical reviews were important and were undertaken but the focus on physical health was often missing.
- Dr Roberts confirmed that there was no data on whether SMI patients were engaging in national screening programmes. However, the PCNs were aware and work was being undertaken at practice level to increase uptake.
- The point was raised as to whether the prevention services would have the capacity if volumes increased due to the new initiatives. Dr O'Grady confirmed that the services would cope, particularly the smoking cessation service and the alcohol treatment service.
- Dr Roberts confirmed that the mental Health Partnership Group had looked into the barriers people with SMI faced and had fed into the information provided to the practices to support people.

RESOLVED: The Health and Wellbeing Board NOTED the presentation and the update.

RESOLVED: The Health and Wellbeing Board NOTED the request to identify how their organisations could contribute to and support improving the physical health outcomes for patients with serious mental health illness and raise awareness in Buckinghamshire.

10 UPDATE ON CYP MENTAL HEALTH TRANSFORMATION PLAN

Dr S Roberts, Clinical Director for Mental Health, Buckinghamshire Clinical Commissioning Groups (CCG) reminded the members of the board that 'Futures in Mind' was published by the government in 2015. The Transformation Plan for Children and Young People's Mental Health and Wellbeing was published in 2015 and was refreshed annually and presented to the Health and Wellbeing Board. This year it would also be shared with the Children's Partnership Board and the Safeguarding Children Board before being submitted to NHSE by the end of October 2019.

The following points were noted in discussion and in answer to members' questions:

- In response to a question on whether the access to children's services had improved; Dr Roberts confirmed that there had been a lot of progress since 2015.
- Mr R Nash, Service Director, Children's Social Care, advised that work was being undertaken to align resources in the best way. A review of what had been achieved was also being carried out. Mr Nash stated the service had strengthened through working together but there was always more work that could be done.
- Ms D Richards, Managing Director, Oxford Health NHS Foundation Trust, emphasised that a lot of work had been carried out and provided assurance that in terms of CAMHS access, there were three standards that were monitored: emergency referrals within 24 hours, and urgent referrals to be seen within 7 days routinely achieved 100%, however, under pressure with routine access (to be seen in four weeks) was underperforming due to a significant increase in demand of 70%. This increase demonstrated a good point of access and greater awareness.

RESOLVED: The Health and Wellbeing Board NOTED the annual refresh and commented on the draft priorities and NOTED the plans for sign off and publication.

11 HEALTH AND WELLBEING BOARD WORK PROGRAMME

Ms K McDonald, Health and Wellbeing Lead, mentioned the items on the forward plan for the meeting on 5 December 2019 and asked the members of the Board to email her with any additional items for future meetings.

12 DATE OF THE NEXT MEETING

Thursday 5 December 2019.

CHAIRMAN



Director of Public Health Annual Report for Buckinghamshire 2019

Alcohol and Us

Dr Jane O'Grady
Report to Health & Wellbeing Board
September 2019



Are you drinking too much?

- Chief Medical Officer recommends ?
- 91% of people have heard of units, however only 19% of people in England are able to correctly identify the CMOs low-risk drinking level.
- Medical and nursing students were only able to correctly estimate the units in about 2.4 out of 10 drinks. Wine and premium strength beers were underestimated by over 50%.



The Impact of Alcohol

- Alcohol is part of many of our lives.
- Contributes to a wide range of physical and mental health problems including cancer, heart disease, stroke, liver disease, mental health problems, self-harm, suicide and dementia.
- Alcohol affects not just the individual who is drinking too much but their families and wider community.
- Alcohol misuse contributes to domestic violence, child abuse and neglect, violent crime and road traffic accidents, sickness absence, loss of employment and homelessness.
- Alcohol related deaths occur at younger ages than deaths from all causes or smoking. The average age of people dying from alcohol related causes in England is 54.
- In Buckinghamshire 1 in 4 people receiving treatment for alcohol problems lived in a house with a child.
- In Buckinghamshire 22% of children who had a children in need assessment had parental alcohol misuse as an identified need.
- Between 2014-2016, in Buckinghamshire there were 102 alcohol related road traffic accidents.



Alcohol and us - local facts and local voices

- 1 in 4 of us drink at levels that could be harming our health.
- 118,000 adults in Buckinghamshire (28.6% Bucks vs 25.7% England).
- Our NHS health check confirms 24% drinking too much.
- Most of these people are not dependent on alcohol and may not realise they may be harming their health.

A local GP reflects on her patient consultations

“ when we talk about their drinking some people chuckle, but for lots of them they are surprised when I explain it’s a bit too much, and for some it’s a bit of shock.... As a GP I’ve become more aware of problem drinking... so maybe I’ve become more enquiring. One way I think GPs can help is to make asking and talking about alcohol along with smoking and physical activity normal”

- The proportion of people drinking over 14 units a week is highest in
 - Highest income households (35% men and 19% women)
 - Older people (women aged 55- 64 yrs and men aged 65-74yrs)
 - Men



Escalating harm

- 9,000 hospital admissions with alcohol related causes in Bucks.
- Around three quarters of the cost to the NHS is incurred by people who are not alcohol dependent, but whose alcohol misuse causes ill health.
- Admission rates are highest in most deprived areas, men and 65+ years.
- Estimated 3,500 dependent drinkers in Buckinghamshire.
- Dependency more common in men (6% men and 3% women) and deprived populations.

A consultant writes

“One of the biggest challenges we face is the ‘I’m not an alcoholic’ phenomena. Some patients I see do not define themselves as having a problem as they perceive an alcoholic as someone who sits on a park bench drinking high strength alcohol. Many...are well educated and highly functional in their day to day life....we need to broaden peoples perceptions of what constitutes harmful drinking....if the stigma of ‘alcoholism’ was removed it would allow more people to admit to themselves and others that there is an issue that needs addressing....”



What works to reduce alcohol harms?

At a national level

- Increasing the price of alcohol/taxation.
- Minimum pricing.
- National policy on marketing, sales and drink driving.

At a local level

- Public information and awareness.
- Education in schools.
- Managing the drinking environment.
- Treatment and brief interventions.
- Training the workforce.



Benefits of alcohol treatment

Alcohol treatment can contribute to making improvements in:

- hospital-related admissions
- child poverty
- employment
- social isolation
- falls and injuries in those over 65
- self-harm
- treatment completion for tuberculosis
- premature mortality from liver disease
- cardiovascular disease, cancer, pneumonia, mental health
- reducing health inequalities in general



Treatment - what works?

Identifying people early who are drinking too much and giving them brief advice on how to reduce their drinking is effective and can **reduce the amount people drink by 12%**.

In Bucks it is estimated that for **every £1 spent treating alcohol users £2.80** of benefits realised are realised across crime, the NHS, local authorities and to the individual.

In Bucks 48.6% of service users in treatment have complex needs (e.g. homeless, mental health needs, long term users). These people can find it particularly hard to engage with services and are likely to become frequent attenders at Accident and Emergency units. Engaging them in a treatment programme can dramatically improve their lives and bring an estimated return on investment of **£3.40 for every £1 invested**.



The treatment gap

We have

- 118,000 people drinking above 14 units a week.
- 3,500 dependent drinkers.
- 22% children in need assessments have parental alcohol misuse as an identified need.

Estimate **85%** dependent drinkers **not in structured** treatment.

399 new referrals to specialist services in 2018/19 - **77%** from self, family, friends.

NHS CQUIN - Screen those admitted to an inpatient ward for at least one night for alcohol use, and give brief advice or offer specialist referral.



DPH annual report recommendations:

- **Recommendation 1:** Continue to develop multi-agency communications campaigns to;
 - promote current advice on safer drinking,
 - raise awareness of the particular risks of drinking in groups at greater risk of harm (pregnant women, adults aged over 65 and young people),
 - promote the benefits of a completely alcohol free childhood,
 - promote the full range of services available.
- **Recommendation 2:** Ensure that schools are prepared for the implementation of the statutory Health Education element (which includes education on alcohol) of the Personal, Social Health and Economic Education, (PSHE curriculum).
- **Recommendation 3:** Increase the knowledge and provide training for key frontline staff on the health risks and wider risks of alcohol and the importance of assessing alcohol intake.
- **Recommendation 4:** Roll out training on identification and brief advice (IBA) across the health and social care integrated care partnership (ICP) and ensure all ICP partners have processes for assessing and recording alcohol intake through the use of the Audit C tool and increase early referral to appropriate services.
- **Recommendation 5:** Undertake engagement work with target groups to increase uptake of alcohol treatment and support services for under-represented groups.
- **Recommendation 6:** Continue to develop and improve services for those with co-existing substance misuse and mental health problems.
- **Recommendation 7:** Implement shared care for alcohol misuse between primary care and specialist services across Buckinghamshire.
- **Recommendation 8:** Work with partners to promote safe drinking in their employees.



What next?

- Substance Misuse Strategy group with representation from all partners to refresh strategy and action plan in the light of DPH report.
- Partner workshop to increase numbers of people engaging with specialist substance misuse services in a timely manner October 2019.
- Protected learning time for primary care on shared care for alcohol September 2019.
- Develop alcohol section of local prevention plan with partners as part of the shared approach to prevention and response to the NHS long term plan (NHS LTP).
- Contribute to the Buckinghamshire, Oxfordshire, Berkshire West Integrated Care System response to the NHS LTP Plan on prevention including alcohol.
- Campaigns
 - Alcohol Awareness Week – 11-17 Nov 2019
 - Christmas drinking – Dec 2019
 - Dry January and new year's resolutions – Jan 2020
- A briefing sheet on how partners can get involved in this work will be circulated to the substance misuse group 4-6 weeks in advance.



Health and Wellbeing Board Members are asked to;

- Note the Director of Public Health Annual Report and endorse the recommendations.
- Identify how their organisations can contribute to reducing the harms of alcohol and the actions they can take to help deliver the recommendations.
- Ensure their organisations contribution to the development of an action plan on alcohol through the Buckinghamshire Substance Misuse Strategy group and the refresh of the Buckinghamshire Substance Misuse Strategy.
- Ensure representatives from their organisations participate in the workshop on 17 October 2019 to explore how to increase referrals to specialist substance misuse services.
- Monitor the implementation of the recommendations of this report and receive regular updates from partners on progress.

Thank you

